

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10-089037

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1			
3		1		1			
4		1		1			
5		1		1			
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49							
50							
TOTAL IND.	1		1		1		
TOTAL DEP.		28		28			
TOTAL CLAIMS	1	30	1	30	1		
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

BEST AVAILABLE COPY